

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Pima</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>129</u>
District of <u>Maricopa</u>	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>206</u>
Town of <u>Miami</u>			Local Registrar No. _____
or <u>Miami</u>			St. _____ Ward _____
City of _____	(If birth occurred in a hospital or institution, give its NAME instead of street and number)		If child is not yet named, make supplemental report, as directed.
2. Full name of child <u>Susana Diaz</u>			
3. Sex of Child <u>F.</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other. _____	6. Legitimate? <u>yes</u>
5. No., in order of birth _____	7. Date of birth <u>March 5</u> 19 <u>24</u> Month day year		
8. FATHER		14. MOTHER	
Full name <u>Lorenzo Diaz</u>		Full maiden name <u>Sta Maria Sanchez</u>	
9. Residence (Usual place of abode) <u>Orfan St 505 Miami</u>		15. Residence (Usual place of abode) <u>Orfan St 505 Miami</u>	
If nonresident, give place and state _____		If nonresident, give place and state _____	
10. Color or race <u>Ymex</u>		16. Color or race <u>Mex</u>	
11. Age at last birthday <u>39</u> (Years)		17. Age at last birthday <u>31</u> (Years)	
12. Birthplace (city or place) <u>Mexico</u> (State or country)		18. Birthplace (city or place) <u>Mex</u> (State or country)	
13. Occupation Nature of industry <u>Miami</u>		19. Occupation Nature of industry <u>H.W.</u>	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	
(a) Born alive and now living _____		(b) Born alive but now dead _____	
(c) Stillborn _____			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>8 a.m.</u> on the date above stated. (Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth. Given name added from a supplemental report _____		Signature <u>C. H. Perkins</u> (Physician or midwife)	
Month, day, year. _____		Address <u>Phoenix, Ariz.</u>	
Registrar. _____		Filed <u>Mar 31</u> 19 <u>24</u> <u>C. E. Griffin</u> Local Registrar.	
		Filed <u>Mar 31</u> 19 <u>24</u> <u>B. J. Gray</u> County Registrar.	

249-305-226